

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>h</i>	62824	2/8/10
O.I.P.E. CLASSIFIER	<i>h</i>	13	2/8/10
FORMALITY REVIEW	<i>yc</i>	70017	3-30-10
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	10/2/10
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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